

Hazardous Substances Emergency Events Surveillance (HSEES) Data Clearance, Data Request or Publication Request Form

Submit to: Your technical advisor or Cassetta Simmons, ATSDR/DHS/ESB, 1600 Clifton Road NE, Mailstop E-31, Atlanta, GA 30333, FAX 404-498-0077, e-mail crr1@cdc.gov.

Requestor Information

Date submitted ____/____/____

Date needed ____/____/____

Name_____

Title_____

Address_____

Phone: (____)____-____ (ext)_____

FAX (____)____-_____

E-mail address _____

Target Audience: (e.g. EMTs, Industry Safety Personnel)

Approximate Audience Number (i.e., the number of copies distributed, the attendees at the conference session, or the number of visitors at a website)_____

Service or Material Requested (check off what needed)

____ Data Clearance

____ Data Request (describe exactly what data is needed)

____ HSEES Annual Report (number of copies____)

____ HSEES Protocol

____ HSEES Data Collection Form

____ Other (specify)_____

Purpose (Pick one)

_____ Internet site (website address) _____

_____ Fact Sheet

_____ Quarterly or semiannual report

_____ Journal article (journal being submitted to) _____

_____ Newsletter submission (name of newsletter and publisher) _____

_____ Poster for conference (name and location of conference) _____

_____ Presentation for conference (name and location of conference) _____

_____ Other (specify) _____